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# Mar 20 1997 8:00am
# Secretary of State

PROFIT CORPORATION ANNUAL REPORT

**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K80317** **(6)**

1. Corporation Name
**E G ENTERPRISES OF FLORIDA KEYS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5001 5TH AVE.<br>STOCK ISLAND<br>KEY WEST FL 33040<br>US | 103 HOOD AVE.<br>FT. WALTON BEACH FL 32548-7231<br>US |

| | |
|---|---|
| 3. Date Incorporated or Qualified: 04/14/1989 | 3a. Date of Last Report: 08/09/1996 |
| 4. FEI Number: 65-0134264 | ☐ Applied For ☐ Not Applicable |
| 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No | |

2. Principal Place of Business
21 | 22 Suite, Apt. #, etc. | 23 City & State | 24 Zip | 25 Country

2a. Mailing Address
26 103 HOOD AVE. SE. Suite, Apt. #, etc.
27
28 City & State: FORT WALTON BEACH FL
29 Zip: 32548-7231 30 Country: US

9. Name and Address of Current Registered Agent

GUERRY, NANCY
103 HOOD AVE
2ND FLOOR, BARNETT BANK BLDG.
FT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name: GUERRY, NANCY
82 Street Address (P.O. Box Number is Not Acceptable): 103 Hood AVE S E
83
84 City: Fort Walton Beach FL 85 Zip Code: 32548

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: NANCY GUERRY S+T (Registered Agent's signature required when reinstating) Nancy Guerry DATE: Jan 18 1997

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | PD | ☐ DELETE |
| NAME | GUERRY, EDWARD | |
| STREET ADDRESS | 450 N9 BLACKBEARD LANE | |
| CITY-ST-ZIP | CUDJOE KEY FL | |
| TITLE | T | ☐ DELETE |
| NAME | GUERRY, NANCY | |
| STREET ADDRESS | 103 HOOD AVE. | |
| CITY-ST-ZIP | FT. WALTON BEACH FL | |
| TITLE | S | ☐ DELETE |
| NAME | GUERRY, NANCY | |
| STREET ADDRESS | 103 HOOD AVE | |
| CITY-ST-ZIP | FT WALTON BCH FL | |
| TITLE | V | ☐ DELETE |
| NAME | MCKINNON, JACQUI | |
| STREET ADDRESS | 450 N9 BLACKBEARD LN. | |
| CITY-ST-ZIP | CUDJOE KEY FL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 11 TITLE | | ☐ Change ☐ Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | | |
| 14 CITY-ST-ZIP | | |
| 21 TITLE | | ☐ Change ☐ Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | |
| 31 TITLE | | ☐ Change ☐ Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | | ☐ Change ☐ Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | ☐ Change ☐ Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | ☐ Change ☐ Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

CR2E034 (9/96)

14. I declare that I am familiar with and understand the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Nancy Guerry Jan 18 1997 (904)244 7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #